

Application for Field Experience (SW 4611)

Please note: Failure to completely and truthfully complete this application may jeopardize your ability to be placed in a field practicum site.

**Part 1: Contact Information**

**R#:** \_\_\_\_\_

Student's Name (Last, First): \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

TTU E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
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**Part II: Placement Readiness**

Requested Field Practicum Date (Fall or Spring/Year): \_\_\_\_\_

Intended Date of Graduation (Month, Year): \_\_\_\_\_

Current overall GPA \_\_\_\_\_ Current Major GPA \_\_\_\_\_ (SW courses only)

Attach a copy of the unofficial transcript to this application. Students must successfully complete the social work practice courses prior to beginning a field placement. Student's grade point average, social work grade point average, and status of good standing or probation in the program will also be considered.

During field placement, you must be enrolled in SW 4611 and SW 4340, totaling 9 credit hours. Typically, field students will also be enrolled in either SW 4311 or SW 3339, for a total of 12 credit hours. SW 4311 and SW 3339 are scheduled in such a way that students are away from their field sites as little as possible. Students are strongly discouraged from enrolling in additional credit hours or taking on employment responsibilities during this semester. If it is absolutely necessary, you must obtain approval from both the BASW Program Director and the Director of Field Education. What, if any, other courses do you plan to be enrolled in during the field semester?

When you know the planned schedule for the above course, please contact the Director of Field Education with this information, as this may impact the selection of your field placement.

Expected hours of paid employment per week (not including field hours): \_\_\_\_\_

Employment schedule: \_\_\_\_\_

Do you have access to a vehicle to use during field placement?  yes  no

Are you available for field work during evenings or weekends?  yes  no

Languages other than English that you speak fluently (include ASL): \_\_\_\_\_

Describe any other concerns / limitations regarding field placement:

Legal History: Have you ever been convicted of a misdemeanor or felony? \_\_\_yes \_\_\_no

If yes, in which year? \_\_\_\_\_ If yes, what was the charge? \_\_\_\_\_

Some agencies require a background check for placement and may not accept students with a conviction history. If you have a conviction on your record, contact the Director of Field Education ASAP to schedule a meeting and bring this form with you.

### Part III. Placement Preference

Placement in the Field Experience is made on the basis of (1) availability of approved agency placements, (2) your special interest areas, (3) any special learning needs that have been noted by the faculty, and (4) the pre-placement interview. The Director of Field Education makes the final determination on placements.

Please rank three (3) areas of practice in which you are most interested; your top preference should be labeled 1, the next as 2, your third choice as 3. number your preferences (1, 2, & 3). If there is a specific agency you would like considered in a particular area, list it in the blank.

- \_\_\_\_\_ Services to Families: \_\_\_\_\_
- \_\_\_\_\_ Mental Health Services: \_\_\_\_\_
- \_\_\_\_\_ Services to Elderly: \_\_\_\_\_
- \_\_\_\_\_ Medical Social Services: \_\_\_\_\_
- \_\_\_\_\_ Services to Children: \_\_\_\_\_
- \_\_\_\_\_ Substance Abuse Services: \_\_\_\_\_
- \_\_\_\_\_ Services to Individuals with Developmental Disability: \_\_\_\_\_
- \_\_\_\_\_ School Social Work: \_\_\_\_\_
- \_\_\_\_\_ Services in Criminal Justice: \_\_\_\_\_
- \_\_\_\_\_ HIV/AIDS Services: \_\_\_\_\_
- \_\_\_\_\_ Services to Veterans & Their Families: \_\_\_\_\_
- \_\_\_\_\_ Services to Homeless Persons: \_\_\_\_\_
- \_\_\_\_\_ Other? \_\_\_\_\_

Is there any agency or area of practice you would prefer to RULE OUT as a possibility?

### Part IV: Who AM I Essay

On separate pages, please respond to the following questions about who you are and what your experiences have been. Use APA format. Make sure each page has a header with your name and the page number. Limit the total of your responses to 5 double-typed pages. Please insert your answers electronically following each question. Then print the entire essay as part of your application.

1. Professional Readiness: Thoroughly discuss the development of your interest in social work and your readiness to enter the profession. Please note: Do not divulge information that might be considered a breach of confidentiality. It is okay to state that "A relative has a serious substance abuse problem;" it is not okay to state "Aunt Marge is an abusive drunk." The extent to which you give details about your own problems is up to you, but keep in mind that all of the social work faculty will have access to this document. Include each of the following components:
  - a. Describe your family constellation and history (including any social cultural/racial/ethnic, geographic/community data that would be helpful to another person in understanding background).
  - b. What were the life experiences which influenced your decision to become a social worker?
  - c. How would you define social work and the goals of social work activity and what do you believe is the role of an entry level (BSW) professional social worker?
  - d. Assess your fit with the basic values of the social work profession.
  - e. Personal values that may conflict with social work values and how you will address this conflict.
  - f. How do you think social work values and ethics will influence your behavior in the field practicum and future social work settings?
  - g. What do you anticipate you will be doing two years from now? What about five years from now?
2. Volunteer and Work Experiences
  - a. Describe your experience in any type of service organization and/or work experiences and what you learned.
  - b. Describe how much structure/supervision you need to work effectively - a great deal, some, very little?
  - c. Describe your preferred learning style (doing, thinking, reading, listening, observing)
3. What do you bring to the field practicum? Briefly respond to the following:
  - a. Do you have any other college degrees? If so, what are they and what was your major?
  - b. What are your special interests, talents and abilities? Include your personal strengths or qualities that may contribute to your professional work and any weaknesses that may detract from it.
  - c. Describe any personal attitudes or feelings you would like to strengthen or change.
  - d. Describe your organization / time management abilities.
  - e. Considering your value system and comfort zone, what situations or types of clients might create a value conflict or discomfort for you? Why?
  - f. How do you typically respond to stress, and what helps you cope in stressful situations?
  - g. How do you respond to others who are experiencing stress?
  - h. Pretend that you are going to the pre-placement interview. Why should an Agency / Field Instructor want you to come to their agency?

Consent to Release Information

\_\_\_\_\_  
Student name (please print)

I authorize Texas Tech University (TTU) and the TTU Social Work Program (including the Director, the Director of Field Education, the Field Liaison(s) and the Instructor of the Field Placement Integrative Seminar) to consult with field agencies in the development of my field instruction placement.

I release from any liability any and all individuals and organizations who provide information in good faith and without malice concerning my professional competence, values, legal history, oral and written communication skills, ethics, character, student records and other related information in the development of a field instruction assignment placement, and I hereby consent to the release of such information.

This consent is in effect for the duration of my admission to the program, unless revoked by me in writing and submitted in person to the Director of Field Education. I hereby hold harmless all social work faculty, the TTU Social Work Program and Texas Tech University from and against any and all claims resulting from the release of any information requested about me during or after the completion of my academic program.

(Please review this consent again and indicate your agreement below).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Informed Consent and Assumption of Risk Indemnity,  
Release and Hold Harmless Agreement

Texas Tech University is a non-profit educational institution. References to Texas Tech University ("TTU") include "TTU" the Texas Tech University System, Texas Tech University and the, its trustees, officers, officials, employees, volunteers, students, agents, and assigns of each.

I (print your name) \_\_\_\_\_ understand I am have chosen to participate in the BA in Social Work Field Education Program (henceforth referred to as the Program).

I fully understand and appreciate the dangers, hazards and risks inherent in participating in the Program, in the transportation to and from the Program, and in any independent research or activities I undertake as an adjunct to the Program.

I agree that participating in any activity is an acceptance of risk of injury, including death, and/or loss of or damage to my personal property. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that is my responsibility to know what I will need for the Program and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices, which may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue any activity. I will not wear or use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I agree that if I do not act in accordance with this agreement, I may not be permitted to continue to participate in the Program.

In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL OR PROGRAM:** Despite precautions, accidents and injuries can occur. I understand that traveling, doing fieldwork or being in a large city may be potentially dangerous, and that I may be injured, killed and/or suffer loss of or damage to my personal property as a result of participation in the Program. Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus or any other means; death injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Theft, loss or damage of my personal property while in transit or participating in the Program.
- Natural disaster or other disturbances, and alteration or cancellation of the Program due to such causes.
- Other (*Specific dangers endemic in this Program's area of travel or endemic to the Program*):

In consideration of the benefits I will receive through my participation in the Program, I hereby expressly and knowingly release TTU, its officers, agents, volunteers, and employees from any and all claims and causes of action I may have for property damage, personal injury or death sustained by me arising out of any WAY connected WITH MY PARTICIPATION IN THE PROGRAM, whether caused by my own negligence, the negligence of TTU, its officers, agents, volunteers, employees, OR ANY OTHER PERSON.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY TTU, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the Program, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, BY THE NEGLIGENCE OF TTU, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON.

TTU shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

**INSTITUTIONAL ARRANGEMENTS:** I understand that TTU is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that TTU may provide these services only as a convenience to participants and that accordingly, TTU accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that TTU is not responsible for matters that are beyond its control. I acknowledge that TTU reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by TTU.

**INDEPENDENT ACTIVITY:** I understand that TTU is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any TTU activity. In addition, I understand that any travel that I do independently on my own before or after the TTU sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any. I recognize that TTU is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility. I agree to pay all expenses relating thereto.

**TTU RULES, REGULATIONS AND POLICIES:** I agree to obey and comply at all times with all of the rules, regulations, codes and policies of TTU while participating in the Program. I agree to notify my professor immediately of any injury or loss.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Informed Consent and Assumption of Risk Form and acknowledge that I understand it. My signature below indicates that I have read and freely signed this agreement, which take effect as a sealed instrument.

**IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING.**

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(If student is a minor)

\_\_\_\_\_  
Date